

# Form CT-4804

For DRS Use Only

## Transmittal of Informational Returns Reported Magnetically

(For Forms W-2G, 1098, 1099-R, 1099-S, and 1099-MISC)

|   |  |                     |
|---|--|---------------------|
| 1. Type of file represented by this transmittal<br><br><input type="checkbox"/> Original <input type="checkbox"/> Replacement <input type="checkbox"/> Combined Filer | 2. Calendar year for which media are submitted   | 3. Transmitter FEIN |
| 4. Name of transmitter  | 5. Name of person to contact regarding magnetic file<br><br>Telephone number (       )   |                     |
| 6. Name and address of company and name and title of person to whom problem files are to be returned (street, city, state, and ZIP)                                   | 7. Type of media submitted<br><input type="checkbox"/> Combined Filer <input type="checkbox"/> Magnetic Tape<br><input type="checkbox"/> Cartridge <input type="checkbox"/> Diskette |                     |
|   | 8. Total number of media in shipment   |                     |
|   | 9. Combined total number of payee records reported   |                     |

10. Please use this section to report information for up to four payers. If additional space is needed, please use **Form CT-4802, Transmittal of Informational Returns Reported Magnetically (Continuation)**

|   |       |     |
|---|-------|-----|
| 10. Payer Summary of Magnetic Media Wage Informational Return |       |     |
| Name of Payer   |       |     |
| Street Address  |       |     |
| City  | State | Zip |
| Connecticut Tax Registration Number                           |       |     |
| Federal Employer ID Number                                    |       |     |
| Type of Return  |       |     |
| Number of 1098s, 1099s, or W-2Gs Submitted                    |       |     |
| Total Nonpayroll Amounts Reported                             |       |     |
| Connecticut Tax Withheld                                      |       |     |

|   |       |     |
|---|-------|-----|
| 10. Payer Summary of Magnetic Media Wage Informational Return |       |     |
| Name of Payer   |       |     |
| Street Address  |       |     |
| City  | State | Zip |
| Connecticut Tax Registration Number                           |       |     |
| Federal Employer ID Number                                    |       |     |
| Type of Return  |       |     |
| Number of 1098s, 1099s, or W-2Gs Submitted                    |       |     |
| Total Nonpayroll Amounts Reported                             |       |     |
| Connecticut Tax Withheld                                      |       |     |

|   |       |     |
|---|-------|-----|
| 10. Payer Summary of Magnetic Media Wage Informational Return |       |     |
| Name of Payer   |       |     |
| Street Address  |       |     |
| City  | State | Zip |
| Connecticut Tax Registration Number                           |       |     |
| Federal Employer ID Number                                    |       |     |
| Type of Return  |       |     |
| Number of 1098s, 1099s, or W-2Gs Submitted                    |       |     |
| Total Nonpayroll Amounts Reported                             |       |     |
| Connecticut Tax Withheld                                      |       |     |

|   |       |     |
|---|-------|-----|
| 10. Payer Summary of Magnetic Media Wage Informational Return |       |     |
| Name of Payer   |       |     |
| Street Address  |       |     |
| City  | State | Zip |
| Connecticut Tax Registration Number                           |       |     |
| Federal Employer ID Number                                    |       |     |
| Type of Return  |       |     |
| Number of 1098s, 1099s, or W-2Gs Submitted                    |       |     |
| Total Nonpayroll Amounts Reported                             |       |     |
| Connecticut Tax Withheld                                      |       |     |

*In general, the payer must sign the declaration below; however, an authorized agent of the payer may sign if all conditions stated on the back are met.*

**Declaration:** I declare under the penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand that the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

|           |       |      |
|-----------|-------|------|
| Signature | Title | Date |
|-----------|-------|------|

## Instructions for Form CT-4804

Use **Form CT-4804**, *Transmittal of Informational Returns Reported Magnetically*, to identify the transmitter of a magnetic media file. All requested information must be entered on Form CT-4804.

The Department of Revenue Services (DRS) only requires **Form CT-1096**, *Connecticut Annual Summary and Transmittal of Information Returns*, if Connecticut tax was withheld.

### Specific Instructions

- Block 1:** Indicate whether the data in this shipment is an original or replacement file by checking the appropriate box.
- Block 2:** Enter the calendar year for which the media are being submitted.
- Block 3:** Enter the transmitter's Federal Employer Identification Number.
- Block 4:** Enter the name of the transmitter. (See *Declaration Requirements* at right.)
- Block 5:** Enter the name and telephone number of the person to contact about the magnetic files.
- Block 6:** Enter the name and address of the company along with the name and title of the person to whom unprocessed media are to be returned. DRS will not return media that have been successfully processed.
- Block 7:** Indicate whether you are submitting data on magnetic tape, cartridge, or diskette.
- Block 8:** Enter the total number of media included in your shipment.
- Block 9:** Enter the combined total number of payee records being reported.
- Block 10:** For each payer, enter the name, address, Connecticut Tax Registration Number, FEIN, type of return (1098, 1099-R, 1099-S, 1099-MISC, or W-2G), the number of payee records, total nonpayroll amounts from Connecticut sources reported, and Connecticut tax withheld.

**Transmitter Media Number:** If your organization uses an in-house numbering system to identify media, indicate the media number(s) in the appropriate blocks. If your file contains more than one medium (*for example, 1 of 5, 2 of 5, etc.*), indicate the number of the first medium only.

**Mailing Address:** Send your magnetic media in the same package with transmittal Forms CT-4804 and CT-4802 to the address below.

Department of Revenue Services  
State of Connecticut  
PO Box 5081  
Hartford CT 06102-5081

If a PO Box cannot be used, send to:

Department of Revenue Services  
State of Connecticut  
Attn: Processing II, 15th Floor  
25 Sigourney Street  
Hartford CT 06106-5032

### Federal/State Combined Filers

Send Form CT-4804 (and if applicable, Forms CT-4802 and CT-1096) to:

Department of Revenue Services  
State of Connecticut  
PO Box 5081  
Hartford CT 06102-5081

Use **Form CT-4802**, *Transmittal of Informational Returns Reported Magnetically (Continuation)*, if you are reporting for more than four payers.

**Substitute Forms CT-4804 and CT-4802:** DRS encourages the use of computer-generated substitutes for Forms CT-4804 and CT-4802. The format must include all information requested on these forms including the declaration. (See *Declaration Requirements* below.)

### Declaration Requirements

A transmitter, service bureau, paying agent, or disbursing agent ("*agent*") may sign Form CT-4804 on behalf of the payer (or other person required to file), if both conditions below are met:

1. The agent has the authority to sign the form under an agency agreement (oral, written, or implied) that is valid under state law; **and**
2. The agent signs the form and adds the caption "For: (*Name of payer or other person required to file*)."

The authorized agent's signing of the declaration on the payer's behalf does not relieve the payer of the responsibility for filing a correct, complete, and timely Form CT-4804, with attachments, and does not relieve the payer of any penalties for not complying with those requirements.

### Forms and Publications

Forms and publications are available all day, seven days a week:

- **Internet:** Preview and download forms and publications from the DRS Web site: [www.drs.state.ct.us](http://www.drs.state.ct.us)
- **DRS TAX-FAX:** Call **860-297-5698** from the handset attached to your fax machine and select from the menu
- **Telephone:** Call **860-297-4753** (from anywhere), or **1-800-382-9463** (in-state) and select **Option 2** from a touch-tone phone